



Quick Reference Guide For Facilities

Effective February 1, 2011

Geisinger Health Plan¹ has selected National Imaging Associates, Inc. (NIA) to provide advanced diagnostic imaging services to its members. NIA will provide utilization management services for outpatient, non-emergent MRI/MRA, CT/CTA, CCTA, PET Scans, Diagnostic Nuclear Medicine, Nuclear Cardiology, Echocardiography and Stress Echo imaging procedures.

The following services will not be impacted by this relationship:

- Inpatient advanced diagnostic imaging services
- Emergency Room advanced diagnostic imaging services
- Outpatient advanced diagnostic imaging services other than MR, CT, CCTA, PET, Nuclear Diagnostic Medicine, Nuclear Cardiology/MPI and Echocardiography and Stress Echo imaging.

The Health Plan will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology such as MR guided breast biopsies). Please refer to the Health Plan's authorization list online at www.thehealthplan.com/providers_us/prior_auth_list.pdf for details on these procedures.

Prior Authorization Implementation Recommendations

As a provider of diagnostic imaging services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

It is the responsibility of the rendering facility or physician to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization Under Many Plans *

- CT/CTA
- MRI/MRA
- PET Scan
- Diagnostic Nuclear Medicine
- Nuclear Cardiology (MPI)
- CCTA
- Echocardiography
- Stress Echo

*A separate authorization number is required for each procedure ordered.

Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and contact NIA the next business day. Call the toll free number: 1-866-305-9729 to proceed with the normal review process.

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Health Plan."

Prior Authorization Recommendations

The following recommendations are offered for your review and consideration in developing an effective procedure for your facility. These recommendations are for informational purposes only and are not policies of the Health Plan or NIA.

To ensure that authorization numbers have been obtained, the following recommendations should be considered:

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under many plans.
- If a physician office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the referring physician has not obtained prior authorization when required, inform the physician of this requirement and advise him/her to obtain an authorization by visiting NIA's Web site at www.RadMD.com, or by calling NIA at: 1-866-305-9729. You may elect to institute a time period in which to obtain the prior authorization number, e.g., one business day.
- If a patient calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the patient should be directed back to the referring physician who ordered the examination.
- Authorizations are valid for 60 days from the date of the initial request.

Checking Authorizations

You can check on the status of patients' authorizations quickly and easily by going to the NIA Web site, www.RadMD.com. After sign-in, visit the **My Exam Requests** tab to view all outstanding authorizations.

Quick Contacts

- Web Site: www.RadMD.com
- Toll-Free number: 1-866-305-9729
- NIA Call Center hours: Monday–Friday, 8 a.m. to 8 p.m. Eastern Time

Prior-authorization requirements may not apply to Members with an employer self-funded plan for which the Health Plan acts as Third Party Administrator. These identification cards are often green marble in color. Always check the Member's identification card for plan type, copayment information and contact NIA at 1-866-305-9729 or the Health Plan's Customer Service Team at the telephone number listed on the back of the Member's identification card.

Submitting Claims

Claims will continue to go directly to the Health Plan at:

PO Box 8200
Danville PA 17821

Providers are encouraged to use EDI claims submission.

Frequently Asked Questions

In this section NIA addresses commonly asked questions received from providers.

Where can I find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on NIA's Web site at www.RadMD.com.

Is prior authorization necessary if the Health Plan is not the member's primary insurance?

Yes. The Health Plan's prior authorization requirements apply when the Health Plan is the primary or secondary insurer, regardless of carrier (e.g., Medicare, Medicaid, WCO, Auto, Veterans, etc.).

What does the NIA authorization number look like?

The NIA authorization number consists of 8 or 9 alphanumeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an NIA **tracking number** (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on the RadMD Web site or via our Interactive Voice Response telephone system.

Who can I contact at NIA for questions, complaints, and appeals, etc.?

Please use the following NIA contacts by type of issue:

- For privileging application or process, contact NIA's Provider Assessment Department toll-free at: 1-888-972-9642 or at RADPrivilege@Magellanhealth.com
- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager
- Provider privileging appeals: Send to NIA – Radiology Network Services, MO61, 14100 Magellan Plaza, Maryland Heights, MO 63043; fax number: 314-292-1151
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification
- Other questions, complaints and appeals not related to authorizations or claims: Contact NIA's Radiology Network Services line at 1-800-327-0641

How will referring/ordering physicians know who NIA is?

The Health Plan sends orientation materials to referring providers. The Health Plan and NIA are also coordinating additional outreach and orientation activities.

How will NIA direct members to my facility?

NIA actively promotes utilization of quality, cost-effective imaging providers by providing patients and referring physicians' critical information online and at the point of ordering. Members will soon be able to access information on a number of quality (e.g., accreditations, certifications) and convenience indicators (e.g., hours of operation, handicap access, parking) on NIA's Web site. Our goal is to assist patients and referring physicians in selecting quality, convenient and cost-effective care for each individual.

Will out-of-area Health Plan members be able to use the NIA network when traveling out of state?

Yes, depending on their benefit plan.

What will the member ID card look like? Will it have both NIA and the Health Plan information on the card? Or will there be two cards?

The Health Plan member ID card will not have NIA identifying information on it. The Health Plan will redirect calls to NIA for advanced imaging authorizations on behalf of the Health Plan.